



156

Practitioner's Docket No. MAKO-12 CONT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516

Filed: 02/05/04

For: CERAMIC JOINING

CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))

I hereby certify that on January 28, 2009 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

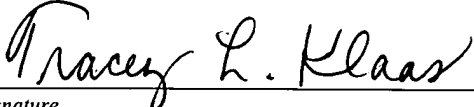
Fees: Three-month extension Amount: \$555.00 Payment By: Check

Other: AMENDMENT

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.



Signature

Telephone Number: 412-621-9222

Tracey L. Klaas

Type or print name of person certifying



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PATENT

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In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516
Filed: 02/05/2004
For: CERAMIC JOINING

Group No.: 1791
Examiner: Melvin C. Mayes

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	3	20	= 0	x \$ 26.00	= \$ 0.00		
INDEP.	1	3	= 0	x \$ 110.00	= \$ 0.00		
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+	\$ 0.00	= \$ 0.00		
				TOTAL	00000049	10773516	
				ADDIT. FEE	\$	0.00	
				01 FC:2253		555.00	UP

No additional fee for claims is required.

FEE PAYMENT

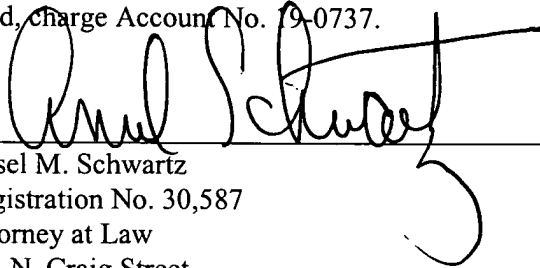
5. Attached is a check in the sum of \$555.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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